

Enrollment/ Change Form

Section 1 - Employee Information Action	Check One:	New App	olication	Change A	uthorization	☐ w	aiver of Covera	ge (<u>cor</u>	nplete Sectio	n 4 ONLY)
Add Term	Section	n 1 - Emplo	yee Informat	ion						
Social Security/ID # Group # Employer/Group Name (Please do not abbrevlate) Employee Name (First, Middle Initial, Last) Home Address Single Married Employee Name (First, Middle Initial, Last) Email Address Hire Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy) Section 2 - Dependent Information (List ONLY eligible family members to be enrolled or affected by change) Action Add Term Effective Date (mm/dd/yy) Birth Date (mm/dd/yyy) NOTE: If natural parents are separated or divorced, indicate name of parent with custody or who is legally responsible for health benefits. Action Effective Date (mm/dd/yy) Dependent Name (First, MI, Last) Birth Date (mm/dd/yy) NOTE: If natural parents are separated or divorced, indicate name of parent with custody or who is legally responsible for health benefits. Action Effective Date (mm/dd/yy) Dependent Name (First, MI, Last) Birth Date (mm/dd/yy) Birth Date (mm/dd/yy) Dependent Name (First, MI, Birth Date (mm/dd/yy) Birth Date (mm/dd/yy) Birth Date (mm/dd/yy) Dependent Name (First, MI, Birth Date (mm/dd/yy) Birth Dat										
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Date of Events Number entringer from to	•	-		_	Name Change: f	rom		to		
Marriage Divorce Adoption/Custody of Child Other:			_	_						

Return completed form back to Surency at email: eligibility@surency.com - fax: 316-462-3394 or mail: P.O. Box 789773, Wichita, KS 67278-9773 866-818-8805 • Surency.com